

At the Forefront: LIHP Transition Prepares California for Health Reform

August 14, 2013

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Agenda

- | | |
|--------------------|---|
| 11:00-11:10 | Welcome and Purpose Statements
Dylan H. Roby, UCLA; Jalyne Callori and Brian Hansen, DHCS |
| 11:10-11:45 | LIHP Transition Plan Update
Brian Hansen and Jalyne Callori, DHCS |
| 11:45-12:30 | Session I: Eligibility Issues
Alice Mak and John Zapata, DHCS |
| 12:30-1:30 | Networking Lunch |
| 1:30-2:15 | Session II: Medi-Cal Plan Assignment
Brian Hansen and Sarah Brooks, DHCS |
| 2:15-3:00 | Session III: Communications and Outreach Strategy
Dylan H. Roby, UCLA |
| 3:00-3:15 | Break: Light Refreshments |
| 3:15-4:00 | Session IV: Continuity of Care
Brian Hansen and Sarah Brooks, DHCS |
| 4:00-4:30 | Wrap-Up, Additional Issues, Closing and Next Steps
Jalyne Callori and Brian Hansen, DHCS; Dylan H. Roby, UCLA |
| 5:00-6:30 | Networking Event, Sheraton Hotel |

LIHP Transition Plan Update

Session I

Eligibility Issues

LIHP Transition - Eligibility Plan (2)

- Describes the processes, activities, and policies that have been developed to facilitate a streamlined transition for LIHP enrollees into Medi-Cal or coverage options under Covered California, effective 1/1/2014.
- The Department of Health Care Services (DHCS) engaged the LIHPs, Statewide Automated Welfare Systems (SAWS) Consortia, County Welfare Directors Association (CWDA) and Covered California to develop a streamlined process for this transition.
- Leverages system interfaces to coordinate information exchanges, eliminating the need to contact enrollees to obtain additional data for a Medi-Cal eligibility determination for the Medicaid Coverage Expansion population (MCE).

MCE Population (2.1)

- DHCS will administratively move eligible MCE enrollees in the State's Medi-Cal Eligibility Data System (MEDS) to Medi-Cal effective January 1, 2014.
- DHCS has determined the MCE population, whose reported income is at or below 133 percent of the Federal Poverty Level (FPL) (using Modified Adjusted Gross Income (MAGI) conversion methodology), would be eligible for Medi-Cal under the new adult group.
- LIHPs currently use income eligibility rules and deductions/disregards similar to those of the current Medi-Cal program.
- Non-financial requirements such as identity, citizenship/immigration status and California residency have been verified by the LIHPs.

MCE Population (2.1)

- The MCE population is currently identified in MEDS under five specific LIHP aid codes:
 - F5, F6, F7, F8, 84.
- MCE enrollees will be assigned a new Medi-Cal transition aid code in December 2013 and automatically enrolled into Medi-Cal effective January 1, 2014.
- LIHP eligibility in MEDS will end December 31, 2013.

Health Care Coverage Initiative Population (HCCI) (2.2)

- DHCS will use a different transition process for the HCCI population.
- Enrollees will not be automatically transitioned to health coverage under any insurance affordability programs without a MAGI determination under ACA rules.
- HCCI enrollees have reported income greater than 133 and up to 200 percent of the FPL.
- HCCI enrollees are currently identified in MEDS under two aid codes:
 - F9 and F0.
- DHCS will transfer enrollee data in MEDS to Covered California beginning late September and continuing through December 2013.

HCCI Population (2.2)

- Covered California will contact enrollees and assist them with enrollment in coverage options, including MAGI Medi-Cal, during the open enrollment period of October to December 2013.
- If new information provided by the enrollee during the MAGI determination process indicates eligibility for other Medi-Cal programs, their application would be forwarded to the county Medi-Cal program for an eligibility determination.
- Enrollees found with income less than 138 percent of the FPL and eligible for Medi-Cal will become new Medi-Cal enrollees and will be assigned an appropriate Medi-Cal aid code effective January 1, 2014.

HCCI Population (2.2)

- Individuals found with income greater than 138 and up to 400 percent of the FPL will get information regarding Advanced Premium Tax Credits (APTC) and Cost-Sharing to purchase health insurance through Covered California.
- DHCS will terminate eligibility for HCCI aid codes in MEDS effective December 31, 2013.
- Covered California will report the new aid code to MEDS to identify which program enrollees have eligibility under: X1 through X9 (to be used for tracking purposes only).

MCE Transition Medi-Cal Aid Codes ^(2.3)

<u>Category</u>	<u>LIHP MCE Aid Code</u>	<u>Transition Aid Code</u>
County LIHP	F7, F8, 84	L1
State Inmate	F5	N9
County Inmate	F6	N0

- During the Dec. 2013 MEDS Renewal, MEDS records will be updated to reflect the end of LIHP eligibility and the beginning of Medi-Cal eligibility.
- County Medi-Cal staff will have control of the individual's MEDS record beginning January 1, 2014.
- County Medi-Cal staff will be able to complete MEDS transactions to correct data discrepancies, update demographic information and perform other functions such as name and address changes or issue Benefit Identification Cards.

MCE Transition Medi-Cal Aid Codes (2.3)

- Medi-Cal eligibility will continue in MEDS under the transition aid codes until the next scheduled annual redetermination or when a change of circumstance is reported that would require the Medi-Cal program to complete an eligibility review.
- The Medi-Cal transition aid codes will identify the individuals as former LIHP enrollees transitioned to Medi-Cal during the administrative move.
- DHCS will provide a report to the counties listing all LIHP enrollees who transitioned to Medi-Cal in their county.

LIHP Case Data to MEDS (2.5)

- LIHPs have two pathways to report enrollees data to MEDS:
 - **SAWS or Direct Report to MEDS**
- Most LIHPs are using SAWS to transmit data to MEDS.
- Five LIHPs are using the Direct Report to MEDS pathway, sending batch data files via a secure file transfer protocol to DHCS.
- DHCS has been working with the Direct Report counties on system development and testing sample data files to ensure the required data fields will be populated correctly in MEDS.
- LIHPs should report all eligible enrollee data to MEDS by Oct. 15, 2013.

LIHP Case Data to MEDS (2.5)

- LIHPs should continue to update enrollee information in MEDS for transition activities.
- This is important so Medi-Cal programs can provide services to enrollees in 2014.
- Critical that LIHPs ensure no enrollees in MEDS are in two LIHP counties or two programs (MC and LIHP) at the same time:
 - Erroneous notices to enrollees regarding Medi-Cal Health Plan
 - Duplicate Medi-Cal Welcome Packets and ID Cards
 - Rejects during the transition aid code assignment
- Critical for LIHPs to report the LIHP redetermination (RV) date to MEDS for DHCS to produce RV Reports for counties in 2014.

LIHP Case Data to MEDS (2.5)

- MEDS Screen: Example where the RV data (under Primary) has not been reported to MEDS.

INQD ** CHANGE DATES AND AUTHORIZED REP. INFORMATION ** YFI - 08/08/13									
14:26:37									
MEDS-CUR-MMYY 08-13									
MEDS-ID	SSN-VER	A	CIN	BIRTHDATE	DOB-VER	C			
CURRENT									
AUTHORIZED									
REPRESENTATIVE									
FLAG									
REDETERMINATION DATES: PRIMARY (GR/CAP) (CMSP) FOODSTAMP									
ANNUAL-RV-DUE-MONTH 08 08 09									
LATEST-RV-COMPLETED 04-2013 08-2012 02-2013 04-2013									
PRIM-ELIG-CHG 06-10-2013 LAST-MC-CHG 08-06-2013 LAST-MC-TRANS RC12 R									
SPCL-1-ELIG-CHG 01-16-2013 LAST-FS-CHG 07-09-2013 LAST-FS-TRANS FR12 R									
SPCL-2-ELIG-CHG 04-25-2013 LAST-OTH-CHG 06-10-2013 LAST-OTH-TRANS SD20 B									
SPCL-3-ELIG-CHG CLIENT-CHG 08-06-2013 R									
FS-ELIG-CHG 05-28-2013 MEDICR-A-CHG									
AE-EFF-DATE MEDICR-B-CHG									
FILE-FIX-DATE 10-26-2006 MEDICR-D-CHG									

LIHP Case Data to MEDS (2.5)

- MEDS Screen: Example where the RV data has been reported correctly to MEDS.

INQD ** CHANGE DATES AND AUTHORIZED REP. INFORMATION ** YFI - 08/08/13 14:33:01									
MEDS-ID		SSN-VER	W	CIN	MEDS-CUR-MMY		08-13	DOB-VER	
CURRENT		AUTHORIZED		REPRESENTATIVE		FLAG			
REDETERMINATION DATES:		PRIMARY		(CMSP)		FOODSTAMP			
ANNUAL-RV-DUE-MONTH		09		12		08			
LATEST-RV-COMPLETED		10-2012				10-2012			
PRIM-ELIG-CHG		07-25-2013		LAST-MC-CHG		08-05-2013		LAST-MC-TRANS EW20 B	
SPCL-1-ELIG-CHG		02-25-2013		LAST-FS-CHG		08-05-2013		LAST-FS-TRANS FX40 B	
SPCL-2-ELIG-CHG		05-11-2009		LAST-OTH-CHG		07-02-2013		LAST-OTH-TRANS BE30 B	
SPCL-3-ELIG-CHG				CLIENT-CHG		08-05-2013		E	
FS-ELIG-CHG		08-05-2013		MEDICR-A-CHG					
AE-EFF-DATE				MEDICR-B-CHG					
FILE-FIX-DATE				MEDICR-D-CHG					

LIHP Case Data to SAWS (2.6)

- Most LIHPs were using internal systems for case management before the MEDS data requirement.
 - Now, some LIHPs are working with their Medi-Cal agencies to transfer case data to their local SAWS for case management and RVs in 2014.
 - LIHPs that have used SAWS as their system of record since implementation already have their cases in SAWS.
 - Legacy counties, counties who maintained a separate system of record, and the five Direct Report to MEDS counties will need to have LIHP enrollee information in SAWS for RVs in 2014.
 - Some LIHPs are working with their Medi-Cal agencies to manually enter enrollee data into SAWS. Others, either independently or with SAWS, are developing a batch transfer process to extract data from their internal system to send to SAWS electronically.
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Redeterminations (2.7)

- January 1, 2014 – The Medi-Cal program will be responsible for case management and ongoing eligibility activities for all MCE enrollees transitioned to Medi-Cal.
- The MCE population RV process and requirements will be same as the Medi-Cal population. Medi-Cal program instructions are under development.
- Federal regulations allow local Medi-Cal programs to delay redeterminations for enrollees with RV dates between January 1 and March 31, 2014 until April 1, 2014.
- The duration of the delay and the procedures to operationalize it are still under development.

Redetermination Delay in 2013 ^(2.8)

- Allows LIHPs the option to delay regularly scheduled RVs due between October 2013 and December 2013.
- Delay can be for one, two or all three months.
- Enrollees who would have had an annual RV during this period and transition to Medi-Cal will retain their eligibility for one year from the RV date established by the LIHP.
 - LIHP RV October 2013 - Medi-Cal RV October 2014
 - LIHP RV November 2013 - Medi-Cal RV November 2014
- The next RV will be due in the corresponding month in 2014.
- Counties (LIHP and local Social Services Agency) choosing this option must notify DHCS prior to taking any action to implement this delay.

Redetermination Delay in 2013 (2.8)

Counties who have chosen to implement the RV delay:

**Alameda, Kern, Los Angeles, Placer, Riverside,
Sacramento, San Bernardino, San Diego,
San Francisco, San Joaquin, San Mateo, Santa Clara**

Medi-Cal Redetermination 2014 (2.9)

- DHCS will issue instructions to county Medi-Cal programs on the process for the transitioned MCE population, including when an enrollee reports a change of circumstance that would affect his/her ongoing eligibility.
- DHCS will provide Annual RV reports to counties and monitor progress throughout 2014.

Counties will be required to:

- Review MEDS reports and alerts along with MEDS and SAWS records.
- Prepare cases by inputting all necessary data into SAWS.
- Obtain tax filing status and household information.
- Prepare each case for MAGI determination via the California Healthcare Eligibility and Enrollment Retention System (CalHEERS) business rules engine.

Medi-Cal Redetermination 2014 (2.9)

- DHCS anticipates the RV methodology and rules for Medi-Cal beneficiaries will apply.
- Enrollees must comply with the RV requirements and cooperate with counties by providing needed information. If the enrollee fails to comply with the requirements, the county will send a termination notice explaining the reasons for the adverse action, the same process as for all Medi-Cal beneficiaries.
- Once an eligibility determination is completed, eligibility will be reported to MEDS and the Medi-Cal transition aid code will be shut down by the eligibility determination - approval or denial.
- If the enrollee continues to be eligible under the new adult group, the new aid code in MEDS will be “M1”. If eligible under another Medi-Cal coverage group, the corresponding aid code will be reported to MEDS.

Opting Out of Health Coverage (2.10)

- MCE enrollees with December 2013 eligibility in MEDS will be automatically transitioned into Medi-Cal effective January 1, 2014.
- Enrollees who wish to decline Medi-Cal coverage should contact the county Medi-Cal office after the transition to disenroll.
- County Medi-Cal staff can explain the ramifications of not keeping Medi-Cal coverage – no longer have LIHP coverage and pay for own health care.

Welcome to Medi-Cal Packet (2.11 & Appendix D)

- Welcome Packets will be mailed by DHCS, in early December, to MCE enrollees whose data is in MEDS as of late November 2013.
- Enrollees whose information is not in MEDS at the time of this data pull will be included in subsequent mailings scheduled for late enrollees.
- Welcome Packet contains:
 - Welcome to Medi-Cal letter
 - Medi-Cal – What it Means to You (Pub 68 Brochure)
 - Important Information for Persons Requesting Medi-Cal (MC 219 Brochure)
 - Multilingual Notice – Request for assistance
 - List of county telephone numbers for Medi-Cal inquiries

Benefits Identification Card (BIC) (2.12, Appendix D)

- BICs will be mailed in mid-December by DHCS to MCE enrollees whose data is in MEDS by late November 2013. This will occur approximately one week after the Welcome to Medi-Cal Packets are sent.
- Enrollees identified in MEDS as having had a BIC issued to them within the previous 12 months will not receive a new BIC. This includes enrollees in the CMSP Path2Health program.
- Enrollees who lost or misplaced their BIC can request a replacement by contacting their county Medi-Cal office after January 1, 2014.

Late Enrollee Process

The notification and managed care plan enrollment process for this group will be discussed in Session II, Medi-Cal Plan Assignment.

TRANSITION AID CODES

(MEDS ALERTS, REPORTS AND RECONCILIATION)

MEDS Alerts, Reports & Reconciliation (2.4)

- The transition aid codes will be added to MEDS by the State effective January 1, 2014.
- The transitional aid codes will be added as a part of the normal MEDS renewal process at the end of December 2013.
- As part of that renewal process, DHCS will terminate LIHP eligibility in MEDS effective December 31, 2013 and the appropriate termination reason code will be added to the MEDS record.

MEDS Alerts, Reports & Reconciliation (2.4)

- DHCS will check MEDS several times after the December MEDS renewal to find individuals whose December LIHP eligibility was added after MEDS renewal and will place these individuals in the appropriate transition aid code.
- The transition aid codes will reside in a special segment in MEDS, similar to where the aid codes reside for individuals who have accelerated enrollment eligibility in Medi-Cal.
- The “expired” LIHP aid codes and the new transition aid codes will be excluded from the quarterly MEDS/SAWS reconciliation process.
- The quarterly MEDS reconciliation process is used to keep MEDS data and SAWS data in sync.

MEDS Alerts, Reports & Reconciliation ^(2.4)

- DHCS will instruct the SAWS consortia to exclude the transitioned cases from the regular MEDS reconciliation so that the reconciliation process will not affect the individual's eligibility in MEDS.
- Excluding LIHP and transition aid codes from the quarterly recon and locating them in a special segment in MEDS will minimize data discrepancy issues and avoid alerts that would otherwise be generated when an aid code is in MEDS but not in SAWS.
- Individuals who are placed in a transitional aid code for January 2014 Medi-Cal eligibility will be notified of the change when they receive their Medi-Cal Welcome packet from the state.

MEDS Alerts, Reports & Reconciliation (2.4)

- DHCS will create a file of successfully transitioned cases and provide that information to the SAWS consortia for distribution to the counties.
- DHCS will provide counties monthly reports identifying all enrollees with redeterminations coming due 60 days prior to their redetermination date.
- MEDS worker alerts will be reported for the LIHP transition aid codes including alerts for overdue redeterminations.
- Counties will not be able to add the transitional aid codes to a record.

MEDS Alerts, Reports & Reconciliation (2.4)

- Counties will have the ability to update the MEDS record for individuals in the transitional aid codes so they can keep important information current such as addresses and other data.
- Counties will be able to update the record with ongoing ACA eligibility if that action is necessary based on the 2014 redetermination or a change in circumstance.
- After the transition occurs, counties will still have the ability to update LIHP records for periods of LIHP eligibility prior to January 1, 2014.

Question and Answer Session

Please send comments to:

LIHPTransitionProject@dhcs.ca.gov

Networking Lunch

Session II

Medi-Cal Plan Assignment

Low Income Health Program Transition – Plan Assignment

Department of Health Care Services

UCLA Center for Health Policy Research

UC Berkeley Center for Labor Research and Education

August 14, 2013

Plan Choice and Assignment (3.1)

- MCE enrollees who transition into Medi-Cal will be in managed care
- Beneficiaries will receive an assigned primary care provider (Doctor or Clinic), assistance in obtaining access to services and providers, care coordination as needed, and many other benefits of a managed care system
- To facilitate continuity of primary care, enrollees will maintain their LHP primary care provider to the extent possible according to the process identified in Section 14005.61(c) of the Welfare and Institutions Code, added by ABX1 1 of the 2013 Special Legislative Session

ABX1 1 Plan Enrollment Summary (Appendix I)

- Regarding managed care health plan enrollment, LIHP enrollees will be notified, 60 days prior to 1/1/14, of the following:
 - Which MCPs have the enrollees existing PCP
 - Enrollees, subject to their ability to change, will be assigned to a plan that includes their existing PCP and no additional action is required
 - Enrollees, depending on county of residence, may choose an available MCP and PCP
 - If no choice is made, then enrollee will be assigned to an MCP that contains their PCP
 - If no choice is made, and no PCP linkage is available, then enrollee will be auto-assigned an MCP based on DHCS established process

MEDS Data Files / Late MCE Enrollees (2.13)

- To maximize the transition to MCPs (and minimize FFS), another MEDS extract is planned during the Plan Choice / Assignment Reminder notice process
- Late enrollees will only get the 'reminder' notice
- LIHP-MCE enrollees reported to MEDS after the reminder notice:
 - Administrative Moves through March 2014
 - FFS until managed care plan assignment is complete
- DHCS will work with COHS plans/counties to minimize FFS potential for late enrollees

MEDS Data Files / Late MCE Enrollees (2.13)

- LIHP-MCE enrollee data in MEDS is crucial for transition activities.
- Plan Choice and Assignment process is initiated in mid-October with an extract of MEDS
- Mid-October timing is necessary to prepare for and produce the Plan Choice notice 60 days prior to transition
- MCE Enrollee data submitted to MEDS after the late October extract, will be considered “late.”

Question and Answer Session

Please send comments to:

LIHPTransitionProject@dhcs.ca.gov

Session III

Communications and Outreach Strategy

Communication and Outreach Strategy

Dylan H. Roby, Ph.D.

UCLA Center for Health Policy Research

LIHP Transition Convening – Day 1

August 14, 2013

LIHP Transition Planning Events

November 2012	Workgroup Meeting: Communications & Outreach
June 2013	Communication and Outreach Webinar Workgroup Meeting: Continuity of Care
August 2013	Transition Plan Stakeholder Webinar Revised Transition Plan Released Communication for LIHPs/ FAQs available LIHP Transition Convening Meetings Public LIHP Transition Website goes live Community Regional Meeting (Los Angeles)
September 2013	Community Regional Meetings (Sacramento, Bay Area, and Central Valley)
October 2013	Potential Community Regional Meetings (Redding & San Diego)

Communications and Outreach Notices

- Three Notices for LIHP-MCE Enrollees
 - Appendix A: General Notices for Medi-Cal (COHS and non-COHS)
 - Appendix B: Plan Choice Notice
 - Appendix C: Plan Choice/Assignment Reminder Notice
- Two DHCS Communications for LIHP-MCE Enrollees (Appendix D):
 - Welcome to Medi-Cal Packet
 - Beneficiary ID Card and Information Sheet
- Additional Communications from Medi-Cal Managed Care Plans
- One Notice for LIHP-HCCI Enrollees
 - Appendix E: General Notice for Covered California

General Notice for MCE Enrollees (5.1, Appendix A)

- Provides an introduction to the transition and provides additional information regarding next steps in transition to Medi-Cal.
- Three key themes in notice:
 - Transition occurring from LIHP to Medi-Cal on 1/1/2014
 - Enrollees don't have to do anything to be transitioned to Medi-Cal
 - Enrollee needs to maintain LIHP eligibility
- Separate notices for COHS and non-COHS counties
- Distributed by LIHPs – planned for September
- Draft notices are available in Appendix A of the Revised LIHP Transition Plan. UCLA, UCB and DHCS are currently reviewing comments and questions received during webinar and through e-mail submissions

MCP Enrollment Notices (5.1, Appendix B,C)

Plan Choice Notice (Appendix B)

- Distributed by DHCS 60 days prior to transition
- Repeat 3 key themes from General Notice
- Provide information regarding MCPs available in county that contain current LIHP PCP
- Provides instruction on how to choose MCP and/or PCP
- MCP materials are included with notice to facilitate MCP and/or PCP choice

Plan Choice/Assignment Reminder Notice (Appendix C)

- Distributed by DHCS 30 days prior to transition
- Reminder of choice options, identification of auto-assignment MCP if no choice
- 'Late' enrollees only notice to enroll into MCP for 1/1/2014

Draft notices developed – confirming notification requirements with CMS prior to release for comment

Communication Prior to Notices (5.3, Appendix F)

- Due to stakeholder feedback and other timing considerations, the timing of notices has been delayed.
- LIHPs and stakeholders have not received DHCS-approved communication to share with enrollees and other stakeholders
- Draft FAQs provided in Appendix F
- UCLA, UCB and DHCS reviewing comments and questions submitted via e-mail and webinar

Welcome to Medi-Cal & BIC (2.11-12, Appendix D)

Welcome to Medi-Cal Packet

- Packets will be mailed by DHCS to LIHP-MCE enrollees in MEDS as of late Nov. 2013
- Packet contains
 - Welcome letter and Medi-Cal brochure
 - Important information for persons requesting Medi-Cal
 - Multilingual Notice
 - List of county telephone numbers for Medi-Cal inquiries

BIC

- BICs will be mailed by DHCS to LIHP-MCE enrollees in MEDS as of late Nov. 2013; approximately one week after Welcome to Medi-Cal packet.
- Enrollees who have a BIC(CMSP) will use their existing BIC for Medi-Cal

Transition Notices for HCCI (5.2, Appendix E)

DHCS will provide the following notice language and translations. LIHPs will send the following co-branded (with Covered CA) notices to LIHP-HCCI enrollees in Sep. 2013.

Overview of content

- LIHP will continue to provide health coverage until Dec. 31, 2013
- Explanation of why likely eligible for Covered California and how transition will be handled if Medi-Cal eligible
- Information on premium and cost sharing subsidies and choice of plans
- Clear instructions on next steps with emphasis on need to take further steps to maintain coverage after Dec. 31, 2013
- Contact information for Covered California and, if possible, assister/navigator organizations in local area
- FAQs about moving from LIHP to Covered California will also be provided
- Draft notices are available in Appendix E of the Revised LIHP Transition Plan. [UCLA](#), [UCB](#), and DHCS are reviewing comments and questions received via e-mail and webinar.

Customized County Communications (5.3.*)

- Counties requested ability to provide separate notice, append information to the DHCS notices, or use alternative methods of communication
 - Any changes or additions to notices will need to be submitted to DHCS for review and approval prior to being distributed to LIHP enrollees
 - DHCS will consider county requests for alternative communication methods on a case-by-case basis
 - DHCS will support information that facilitates awareness of transition
 - DHCS will not approve notices that conflict with existing legal requirements or established DHCS policies
- COHS
 - Separate notices developed for single MCP
 - Data exchanges, etc., may be different for COHS – DHCS will discuss specifics of transition planning with COHS upon request.

Day 2 of the LIHP Convening

August 15 (Sacramento Convention Center Rm. 306/307)

- All stakeholders, including LIHP counties, managed care plans, DHCS staff, and consumer advocates
- Topics:
 - Update on preparations for the 2014 transition,
 - Covered California communications and coordination,
 - Medi-Cal Managed Care Plans,
 - Data Sharing, and
 - Continuity of Care Planning

Regional Meetings (5.4.1)

DHCS & UCLA will host meetings for front line personnel, CBOs and stakeholders about:

- Transition timeline and activities
- Income eligibility levels for Medi-Cal & Covered CA
- Planned communications and timeline

Schedule:

Los Angeles on Aug. 28 (Alhambra), Oakland on Sep. 5,

Sacramento on Sep. 11, Central Valley (TBD) on Sep. 26

(DHCS evaluating possibility of adding Redding and San Diego)

LIHP Transition Webpage (5.6)

August 2013

DHCS will provide transition information via the LIHP webpage:

- Transition schedule
- Timeline of communication activities
- Contact information
- DHCS will develop an informational, consumer friendly 'Transition to 2014' website

Training and Webinars

Fall of 2013

DHCS and UCLA are planning webinars for providers to receive information on the transition

- Live webinars on various topics
- Will consider county variation in LIHP and Managed Care arrangements
- Webinars will be recorded and posted to public DHCS 'Transition to 2014' website.

Point of Contact for Assistance (5.5.1)

- Transition assistance related to LIHP will be handled by each LIHP during 2013
- After Medi-Cal enrollment notices are sent (Oct. 2013), local Medi-Cal offices, Medi-Cal Ombudsman and HCO will provide support through established processes
- After Covered California eligibility notices are sent (Sep. 2013), service center staff will assist subsidy eligible LIHP enrollees

Question and Answer Session

Please send comments to:

LIHPTransitionProject@dhcs.ca.gov

Break

Session IV

Continuity of Care

Low Income Health Program Transition – Continuity of Care

Department of Health Care Services

UCLA Center for Health Policy Research

UC Berkeley Center for Labor Research and Education

August 14, 2013

Provider and Service Continuity (4.1)

New Medi-Cal managed care beneficiaries are protected by existing state laws and regulations:

- Timely processing of authorization requests for drugs:
 - Welfare and Institutions Code Section 14185
- Completion of services by nonparticipating providers:
 - Health and Safety Code Section 1373.96

Provider and Service Continuity (4.1)

- DHCS will partner with LIHPs to identify providers that are not part of the Medi-Cal Managed Care networks and provide lists to plans by Sep. 2013
- Plan enrollment notices with information about available plan choice and provider networks will be provided at least 60 days prior to Jan. 1, 2014

Beneficiary Health Care Information (4.2)

- DHCS will transfer enrollee LIHP utilization data to MCPs approximately 30 days prior to enrollment
- DHCS will work with LIHPs and MCPs to facilitate transfer of open treatment authorizations
- DHCS will provide guidance to LIHPs and MCPs regarding authorization and scheduling of services and prescriptions that will occur or continue post-transition

Initial Health Assessments (4.2)

Requirements for transitioning LIHP population:

- If an enrollee is transitioned to the same PCP they had in LIHP, an IHA had been completed in the last 12 months, and no change in life circumstances has occurred, then there is no requirement for an IHA
- If an enrollee is transitioned to a different PCP than what they had in the LIHP, then an initial IHA is required within 120 days according to the current requirements for new populations enrolling in Medi-Cal managed care plans. In addition, a transitioned LIHP enrollee may request to have an IHA within 120 days of enrolling.

Access, Network Adequacy, Quality Monitoring (4.3)

- DHCS will work with MCPs to ensure that plan provider networks are adequate for all newly eligible Medi-Cal beneficiaries (including former LIHP enrollees)
- Continued monitoring of measures related to quality, enrollment, financial solvency, access and enrollee satisfaction for the LIHP transition
- MCPs will submit quarterly data reports to DHCS with information about the transitioning population (i.e., data about continuity of care)

Benefit, Formulary & Authorization (4.4)

DHCS will analyze differences between programs

- Comparisons will be made regarding benefits, formularies and authorization requirements, including differences affecting mental health care and HIV/AIDS care
- DHCS will determine what, if any, strategies are needed
- DHCS will inform LIHP enrollees about how to access assistance from their MCP regarding available benefits, drugs, and authorization processes
- By October 2013, information on any significant differences will be made available to providers and LIHPs

Covered California ^(4.5)

DHCS will collaborate with Covered California

- DHCS will coordinate with Covered California to notify eligible LIHP enrollees
- Welfare and Institutions Code Section 14185 and Health and Safety Code Section 1373.96 apply to LIHP enrollees transitioning to Covered California

Special Populations (4.6)

DHCS, LIHP Transition Planning Workgroup, with the assistance of UCLA and UCB, is evaluating need for specific strategies to facilitate a smooth transition for these populations:

- Enrollees receiving mental health services
- Transitioning Ryan White clients and those living with HIV/AIDS
- Enrollees who are homeless
- Enrollees with open treatment authorization or those undergoing treatment at the time of transition

Question and Answer Session

Please send comments to:

LIHPTransitionProject@dhcs.ca.gov

Wrap-Up, Additional Issues, Closing and Next Steps

Thank you for your participation!

Remember to complete your evaluation form

Please join us for our Networking Event

Located on the Second Floor
of the Sheraton Hotel
at Morgan's Restaurant,
5:00 to 6:30

